

City of Newton



David B. Cohen
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

J. David Naparstek, Commissioner
dnaparstek@newtonma.gov
1294 Centre Street
Newton, MA 02459-1544

Telephone
617-796-1420
Fax
617-552-7063

updated 4/2006

APPLICATION FOR A PERMIT TO OPERATE A CHILDRENS' POOL ~ NO FEE REQUIRED

Application is hereby made for a permit to operate a public, semi-public or wading pool. This pool is to be operated according to 105 CMR 435.000 MINIMUM STANDARDS FOR SWIMMING POOLS CHAPTER V OF THE STATE SANITARY CODE.

OWNER: _____ TELEPHONE #: _____

LOCATION: _____
STREET CITY

TYPE OF POOL: _____ LENGTH: _____ WIDTH: _____ VOLUME: _____

NON SWIMMING AREA: _____ (5' OR LESS IN DEPTH)

CERTIFIED POOL OPERATOR: _____ TELEPHONE # _____

SOURCE OF WATER: _____

IF PRIVATE WELL, PLEASE SUBMIT REQUIRED TEST RESULTS: _____

DISPOSAL OF SEWAGE AND WASTE WATER: _____

TREATMENT SYSTEM: (i.e., diatomaceous earth, cartridge filter, etc.,) _____

DISINFECTION METHOD: type, capacity, etc. (i.e., chlorinator, brominator, etc.,) _____

NO. LIFEGUARDS PER SHIFT: _____ SUBMIT UPDATED LIFEGUARDS CREDENTIALS: _____

VARIANCE LETTERS SUBMITTED: ☐ YES ☐ NO

REMARKS: _____

PURSUANT TO M.G.L. CH. 62C, SEC. 49A. I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SOCIAL SECURITY # OR OWNER FEDERAL ID #

SIGNATURE OF INDIVIDUAL OR CORPORATE NAME

DATE: _____

PLEASE SUBMIT APPLICATION TO THE NEWTON HEALTH AND HUMAN SERVICES DEPARTMENT

F/H/applications/web-kiddie pool-no fee app